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| ** CONTINUING DATA ***** (NONE) PSM | | | | |
| ** FOREIGN APPLICATIONS ***** (NONE) PSM | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/03/2004 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | | STATE OR COUNTRY NH | SHEETS DRAWING 10 | TOTAL CLAIMS 64 PSM 68 PSM |
| 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance | | INDEPENDENT CLAIMS 5 | | |
| Verified and Acknowledged Examiner's Signature PSM Initials PSM | | | | |
| ADDRESS 23413 | | | | |
| TITLE CARDIAC IMAGING SYSTEM AND METHOD FOR QUANTIFICATION OF DESYNCHRONY OF VENTRICLES FOR BIVENTRICULAR PACING | | | | |
| FILING FEE RECEIVED 1934 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |